



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PORTER REGIONAL HOSPITAL

City of Hospital: Valparaiso

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Sarah Keane

Email Address: drew.keesbury@porterhealth.com

Medicare Provider Number: 15-0035

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$875846194
Outpatient Patient Service Revenue	\$958939406
Total Gross Patient Service Revenue	\$1834785600

2. Deductions From Revenue

Contractual Allowance	\$1504155021
Other Deductions	\$0
Total Deductions	\$1504155021

3. Total Operating Revenue

Net Patient Service Revenue	\$330630579
Other Operating Revenue	\$1325569
Total Operating Revenue	\$331956148

4. Operating Expenses

Salaries and Wages	\$90107044	Employee Benefits	\$22161557
Depreciation and Amortization	\$17295592	Interest Expense	\$7874225
Bad Debt	\$18806387	Other Expenses	\$133701892
Total Operating Expenses	\$289946697		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$42009451	Total Assets	\$282855706
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$-49393831

Total Net Gains	\$42009451
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$710965313	\$627827642	\$83137671
Medicaid	\$212184058	\$186808464	\$25375594
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$911636229	\$689518915	\$222117314
Total	\$1834785600	\$1504155021	\$330630579

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$97762	\$-97762

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$98893	\$-98893
Hospital Patients	\$0	\$316279	\$-316279
Community Education	\$0	\$296500	\$-296500

Number of Medical Professionals Trained	433
Number of Hospital Patients Educated	12819
Number of Citizens Exposed to Health Education Messages	218527

Statement Six: Charity Statement
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Hospital Charity Charges	\$4172043
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$33914283	
HCI Payments	\$0		
Subtotal	\$0	\$33914283	\$-33914283
Medicaid Shortfalls	\$25375594	\$30589910	
Subtotal	\$25375594	\$64504193	\$-39128599
DSH Payments	\$0		
Subtotal	\$25375594	\$64504193	\$-39128599
Medicare Shortfalls	\$83137669	\$102497639	
Other Government Programs	\$0	\$0	
Total	\$108513263	\$167001832	\$-58488569

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$3108579	\$-3108579
Other Allocations	\$0	\$0	\$0

Comments

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